

ATV

State of Wisconsin  
Department of Natural Resources  
PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

## Outdoor Motorized Recreation Trail Aids Application

For: (Choose all that apply)

Form 8700-159 (R 04/16) Page 1 of 4

- ☒ All-Terrain Vehicle Trail Aids  
☐ County Snowmobile Trail Aids

- ☐ Motorized Stewardship  
(20% match required)

**Notice:** Completion of this form is required under s. 23.09(26) and 23.33, Wis. Stats. Failure to complete this form will result in denial of financial assistance. Personally identifiable information found on this form is not intended to be used for any other purpose. The Department of Natural Resources (DNR) may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

**Instructions:** Applications may combine more than one source of funds. They may be submitted for consideration of both traditional ATV, Snowmobile funding AND Motorized Stewardship funding. Submit two (2) copies of all forms and attachments. See page 2 for necessary attachments. Mail applications to your [Community Services Specialist](#).

### Activities Involved in Application: (Select all that apply)

- ☐ Maintenance ☐ Insurance ☐ Bridge Rehabilitation  
☐ Acquisition ☐ Development ☒ Trail Rehabilitation

### Leave Blank - DNR Use Only

Project Number

### Applicant Information

Applicant/Organization Name Washburn County Forestry	Check Recipient: Individual other than authorized individual to act on behalf of the applicant. Provide check recipient information below:
Authorized Individual Name, Title Mike Peterson- Washburn County Forest Administrator	Check Recipient Name: (Name to Appear on Check) Same
Address 850 W. Beaverbrook Ave.	Address
City, State, ZIP Code Spooner, WI 54801	City, State, ZIP Code
Telephone Number (715) 635-4490	E-Mail Address mlpeters@co.washburn.wi.us

### Project Information

Project Title Trail 8/Trail 39 Storm Damage Repairs - FEMA Match	Number of Trail Miles 28
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### Project Description

- For maintenance, include a concise statement of the type of maintenance activities and the type of grooming equipment used.
- For major bridge rehabilitation, describe the proposed construction items to rehabilitate the bridge.
- For trail rehabilitation, describe the repair and renovation activities necessary to improve the trail for user safety.
- For development, describe development activities and structures to be constructed.
- For development of intensive use areas; describe the need and expected use and method of operating and maintaining the facility.
- For Motorized Stewardship describe project **and source of matching funds**, narrative must include the source of the matching funds.
- Minimum Useful Life Agreement is required to be submitted before grant will be issued.

A severe rainstorm hit the northern half of Washburn County on July 11, 2016. Areas within this event received in excess of 12 inches of rain. Damages on the ATV trails occurred primarily on hills where the run-off exceeded the capacity of our stormwater discharge and erosion control mechanisms. Severe washouts and loss of material occurred in numerous locations. This application is a request for matching funds for the FEMA declaration that as been made for this area. The estimated cost is 12.5% of the total estimate submitted to FEMA

### Estimated Cost

Maintenance	Acquisition	Insurance	Development	Bridge Rehab.	Trail Rehab.	Total Estimated Cost
					\$16,289.59	\$16,289.59
Leave Blank - DNR Use Only <i>revised 10-4-16</i>						<i>\$ 16,193</i>

### Applicant Certification

As the applicant's authorized official, I certify that, to the best of my knowledge, the information in this application is true and correct.

Typed Name of Authorized Official Mike Peterson	Official's Title Washburn County Forest Administrator
Signature of Authorized Official	Date Prepared

**Outdoor Motorized Recreation Trail Aids Application****For:** (Choose all that apply)

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Page 3 of 4

Pages 3 and 4 of this form are to be completed (including required attachments) for any new bridge development or bridge rehabilitation project for which funds are requested. The information provided below will be used by Department staff and the appropriate advisory council to evaluate the merits of your application for funds.

(Select only one)

- ☐ **New Bridge Grant Application Supplement**
- ☐ **Bridge Rehabilitation Grant Application Supplement**

Water Body Name

County

Town No.

Range No.

Section No.

☐ E☐ W

Official Governmental Unit Contact

Telephone Number

Sponsoring Snowmobile or All-Terrain Vehicle Club

Club Contact

Telephone Number

Landowner Where Bridge is Located

Telephone Number

1. If land is privately owned, how many years will the owner permit the trail to be used as a public snowmobile or all-terrain vehicle trail? (3 year minimum required)

2. What other recreational trail uses are planned for this bridge?

If there are other Recreational uses planned, how much of the bridge cost will be paid for by non-snowmobile or non-ATV users?

3. Have you contacted your local DNR water management investigator regarding a regulatory permit? ☐ Yes ☐ No

Is a permit required? ☐ Yes ☐ No

Do you have an approved permit? ☐ Yes ☐ No

**New Bridge Projects Only**

4. Describe the need for the bridge and alternatives considered.

**Bridge Rehabilitation Projects Only**

5. Briefly describe why the bridge needs to be rehabilitated.

6. Has this bridge site ever received development or rehabilitation funds in the past? ☐ Yes ☐ No

If answer is yes, give year funds were received, amount of grant award and program.

Year:

\$

Program:

Complete the cost estimate information on page 4 and attach additional materials if more justification is necessary.



